



**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

				FILE NUMBER	
1. IS THIS AN AMENDMENT? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, please enter the file number in this box →				JUNE 08, 2010	
SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name				3. Acronym or Abbreviated Name (if any)	
WAYNE TOWNSHIP TEAM DAC				WTTT PAC	
4. Mailing Address (Address where all campaign finance correspondence is received) <input checked="" type="checkbox"/> Check if this is a new address				5. E-mail Address (Optional)	
5007 W. 14TH STREET				ELFRAZIER@COMCAST.NET	
6. City	State	ZIP Code	7. FAX (Optional)	8. Telephone	9. Committee Organization Date (MM-DD-YY)
SPEEDWAY	IN	46224	() () ()	(317) 243-0107	06-08-2010
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus. THE PURPOSE OF THE WTTT PAC SHALL BE TO ADVANCE & PERPETUATE THE PRINCIPLES OF THE REPUBLICAN PARTY.					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. WAYNE TOWNSHIP GOP CLUB 5545 W. MARNETTE STREET INDPLS, IN 46241				14. Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check party affiliation if applicable: <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other	
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.					
16. Chairperson's Name <input checked="" type="checkbox"/> Check if this is a new chairperson					
ANDY HARRIS					
18. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address				17. E-mail Address (Optional)	
5545 W. MARNETTE STREET 46241 INDPLS, IN				WAYNETOWNSHIP@HOTMAIL.COM	
21. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer				19. Telephone (Day)	
EDWARD FRAZIER				(317) 313-9450	
23. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address				20. Telephone (Evening)	
5007 W 14TH STREET 46224 SPEEDWAY, IN				(317) 313-9450	
26. Custodian of Records' Name <input checked="" type="checkbox"/> Check if this is a new custodian				22. E-mail Address (Optional)	
EDWARD FRAZIER				ELFRAZIER@COMCAST.NET	
28. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address				24. Telephone (Day)	
5007 W 14TH STREET 46224 SPEEDWAY, IN				(317) 243-0107	
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)				25. Telephone (Evening)	
Y 5-3RD BANK				(317) 243-0107	
SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)					
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer		
			EDWARD FRAZIER		
			Signature of the Committee Chairperson		
			Andrew B. Harris		
SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)					
33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.					
34. Typed or Printed Name of Treasurer		Signature of Treasurer		Date (MM-DD-YY)	
EDWARD FRAZIER		X Edward Frazier		6-16-2010	
SECTION D. CERTIFICATION OF STATEMENT					
I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.					
35. Typed or Printed Name of Chairperson		Signature of Chairperson		Date (MM-DD-YY)	
ANDY HARRIS		Andrew B. Harris		6-16-2010	
<small>Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)</small>					

FOR OFFICE USE ONLY

Elizabeth A. White

JUN 15 2010

FILED